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| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001                |  |   |                  |                              |                              |                  |                   |             |                        |       |                  |                        |
|---|--|---|------------------|------------------------------|------------------------------|------------------|-------------------|-------------|------------------------|-------|------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                  |                              |                              |                  | SMALL ENTITY TYPE |             |                        | OR    | OTHER<br>SMALL I |                        |
| TOTAL CLAIMS  |  |   | 10               |                              |                              |                  |                   | RATE        | FEE                    | [     | RATE             | FEE.                   |
| FOR   |  |   | NUMBER FILED     |                              | NUMBER EXTRA                 |                  | В                 | ASIC FEE    | 370.00                 | OR    | BASIC FEE        | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=        |                              | * Ø                          |                  |                   | X\$ 9=      |                        | OR    | X\$18=           |                        |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =      |                              | * 16                         |                  |                   | X42=        |                        | OR    | X84=             |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT           |                              |                              |                  |                   | +140=       |                        | OR    | +280=            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                  |                              |                              |                  | L                 | TOTAL       |                        | OR    | TOTAL            | 74                     |
| CLAIMS AS AMENDED - PART II   |  |   |                  |                              |                              |                  |                   |             |                        |       | OTHER            |                        |
|   |  |   |                  |                              |                              | (Column 3)       |                   | SMALL I     | ENTITY                 | OR .  | SMALL            | NTITY                  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI<br>PAID | IBER                         | PRESENT<br>EXTRA |                   | RATE        | ADDI-<br>TIONAL<br>FEE |       | RATE             | ADDI-<br>TIONAL<br>FEE |
| NDM   | Total  | *   | Minus            | **                           |                              | =                |                   | X\$ 9=      |                        | OR    | X\$18=           |                        |
| AME   | Independent  | *   | Minus ***        |                              |                              | =                |                   | X42=        |                        | OR    | X84=             |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |                              |                              |                  |                   | +140=       |                        | OR    | +280=            |                        |
|   |  |   |                  |                              |                              |                  |                   | TOTAL       |                        | OB    | TOTAL            |                        |
|   |  | (Column 1)                                |                  | (Colu                        | mn 2)                        | (Column 3)       | Α[                | ODIT. FEE   |                        |       | ADDIT. FEE       |                        |
| AMENDMENT B   | The State of the S | CLAIMS                                    | in a whi a is an | HIGH                         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | Ιг                | RATE        | ADDI-                  | 7     |                  | ADDI-                  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | PREVI                        |                              |                  |                   |             | TIONAL<br>FEE          |       | RATE             | TIONAL<br>FEE          |
|   | Total  | *   | Minus            | **                           |                              | =                |                   | X\$ 9=      |                        | OR    | X\$18=           |                        |
|   | Independent  | *   | Minus            | ***                          |                              | <u> -</u>        |                   | X42=        |                        | OR    | X84=             |                        |
| Ľ   | FIRST PRESE  | NTATION OF MU                             | JETIPLE DEI      | PENDEN                       | CLAIM                        |                  | ┚┟                | +140=       |                        | OR    | +280=            |                        |
|   |  |   |                  |                              | •                            |                  | L                 | TOTAL       |                        | OR    | TOTAL            |                        |
|   |  | (Column 1)                                |                  | (Colu                        | mn.2)                        | (Column 3)       |                   | ODIT. FEE I |                        |       | ADDIT. FEE       |                        |
|   |  | CLAIMS                                    |                  | HIGH                         | HEST                         |                  | 1 г               |             | ADDI-                  | 1     |                  | ADDI-                  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | PREVI                        | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |                   | RATE        | TIONAL<br>FEE          |       | RATE             | TIONAL<br>FEE          |
|   | Total  | *   | Minus            | **                           |                              | =                |                   | X\$ 9=      |                        | OR    | X\$18=           |                        |
| ME  | Independent  | *   | Minus            | ***                          |                              | =-               |                   | X42=        |                        | OR    | X84=             |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |                              |                              |                  |                   |             |                        | . 200 |                  |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                  |                              |                              |                  |                   |             |                        | OR    | +280=            |                        |
| **  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |                  |                              |                              |                  |                   |             |                        |       |                  |                        |